PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Office.

COMPLETE ALL ITEMS - PLEASE PRINT OR TYPE PLEASE READ PERSONAL INFORMATION NOTICE AND DISCLOSURE STATEMENTS AT THE END OF THIS FORM

(Co-Applicants complete separate forms.)

(The high bidder must complete prior to and submit this form immediately after the auction)

The following statements as to experience, financial and taxpayer qualifications of the bidder are submitted with the signed bid notice and bid deposit to confirm the status of the bidder with respect to qualifications and payment of state and local taxes and fees, as a part thereof; and any material misstatement of the information submitted herein shall be grounds for rejection of the bid.

2. OWNERS/INDIVIDUALS/CORPORATE OFFICERS: Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable)	1. NAME:				
Mailing Address City State Zip Tel. Number Fax Number Pager Number Tax Identification Number Business Corporation Partnership Joint Venture Individual Other 2. OWNERS/INDIVIDUALS/CORPORATE OFFICERS: Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) 3. BANK/CREDIT REFERENCES: Bank or Creditor Address City State Zip Account Number Type of Account Balance	Business				
Mailing Address City State Zip Tel. Number Fax Number Pager Number Tax Identification Number Business Corporation Partnership Joint Venture Individual Other 2. OWNERS/INDIVIDUALS/CORPORATE OFFICERS: Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) 3. BANK/CREDIT REFERENCES: Bank or Creditor Address City State Zip Account Number Type of Account Balance	Name				
Mailing Address	Address		City	State	Zip
Tax Identification Number	Mailing		-		
Tax Identification Number	Address	City		State Zip	
Tax Identification Number	Tel. Number	Fax Number		Pager Number	
Business Corporation Partnership Joint Venture Individual Other 2. OWNERS/INDIVIDUALS/CORPORATE OFFICERS: Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) Name Title or Position Residence Address City State Zip Tel. Number Social Security Number (if applicable) 3. BANK/CREDIT REFERENCES: Bank or Creditor Address City State Zip Account Number Type of Account Balance	Tax Identification N	lumber		Years in	1
2. OWNERS/INDIVIDUALS/CORPORATE OFFICERS: Name	Business	,			
2. OWNERS/INDIVIDUALS/CORPORATE OFFICERS: Name	Corporation	Partnership	Joint Venture	Individual	Other
Name	2. OWNERS/INDIVIDUA	LS/CORPORATE OFFICERS	S:		
Residence Address		Title or Position			
Name	Residence				
Name	Address	City		State Zip	
Residence Address	Tel. Number	Social Secu	rity Number (if appli	cable)	
Residence Address	Name	Title or Position			
Name	Residence			-	
Name	Address	City		State Zip	•
Address City State Zip Tel. Number Social Security Number (if applicable) 3. BANK/CREDIT REFERENCES: Bank or Creditor City State Zip Address	Tel. Number	Social Secu	rity Number (if appli	cable)	
Address City State Zip Tel. Number Social Security Number (if applicable) 3. BANK/CREDIT REFERENCES: Bank or Creditor City State Zip Address	Name		Title or Position		
Tel. NumberSocial Security Number (if applicable)	Residence		Thie of Toshion_		
Tel. NumberSocial Security Number (if applicable)	Address	City		State Zin	
Bank or Creditor	Tel. Number	Social Security Number (if applicable)			
Bank or Creditor	3. RANK/CREDIT REFER	FNCFS.			
Creditor		ENCES.		i.	
Address City StateZip Account NumberType of Account Balance					
Account NumberType of AccountBalance	Address		City	State	7in
Contact Person Contact Phone Number	Account Number	Type of	Account	State	
	Contact Person				

3. BANK/CREDIT REFERENCES (Con	ntinued):			
Bank or				
Creditor				
Address	City	StateZip		
Account Number	Type of Account	Balance		
Contact Person	Contact Phone Number			
Bank or				
Creditor	O't-	State 7:-		
Address	City	StateZip		
Account Number	Iype of Account	Balance		
Contact Person	Contact Phone N	umber		
Bank or Creditor				
Address	City	State Zip		
Account Number	Type of Account	Balance		
Contact Person_	Contact Phone N	umber		
 List of directors, officers and the second the second of Federal Tax ID number Certified copies of both Federal at Certificates of Insurance (See Bid Certification of Funds from your 	orporation applicable-must include all partners a agent in service (name of person who nd State Income Tax returns for the p Notice for types and amounts)	and their responsibilities/liability) may legally sign for the company)		
 result from any parking business The applicant does not have any u of the Department of Industrial R The applicant does not have more twelve (12) months by the Division 	nowledges that the following statements any taxes or fees owed to any City/Co or operation. Insatisfied judgments from the Division	s are true: ounty taxing authority due as a on of Labor Standards Enforcement iled against the applicant in the past ent of Industrial Relations.		
I, (Name of Applicant) Date	Signature			
I, (Name of Applicant) Date	Signature			
I, (Name of Applicant) Date	Signature			

Hereby certify that all statements I/We have made on this application are correct and true. I further acknowledge and understand that if any of the statements, facts or certification to which I/We attest to are found to be incorrect, false or misleading my bid may be rejected and the entire amount of my bid deposit will be retained as liquidated damages. Furthermore, by signing this application I/We authorize Caltrans to ask for and receive confidential information about the applicant as it pertains to those items listed on this application. Any information disclosed will be kept confidential.

Sections 7(a)(1) and (b) of the Federal Privacy Act of 1974 (Public Law 93.5.79) provide:

"It shall be unlawful for any Federal, State or Local Government Agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his/her social security number.

"Any Federal, State or Local Government Agency which requests an individual to disclose his/her social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicit, and what uses will be made of it."

The Department of Transportation's authority for requesting disclosure is Streets and Highways Code Section 104.12, which reads in part:

"The Department may lease to public or private entities for any term not to exceed 99 years the use of areas above or below state highways, subject to any reservations, restrictions, and conditions that it deems necessary to ensure adequate protection to the safety and the adequacy of highway facilities and to abutting or adjacent land uses."

The Social Security Number will be used to (1) trace delinquent tenants who have vacated without leaving a forwarding address: and (2) enable the State Controller to collect delinquent rent by the offset procedures required by State Administrative Manual Sections 8072.3, 8790.7 and 10510, as authorized by Government Code Section 12419.5, and (3) allow for the State to conduct various screening activities to determine applicant qualifications.